



PROVIDER COMMUNICATIONS

FIVE IDEAS THAT WILL CHANGE YOUR LIFE

A WORKSHOP FOR LOCAL HEALTH DEPARTMENTS IN TEXAS



AGENDA



SUCCESS STORIES

Who is doing it right, and how are they doing it? Watch as some of your peers have a chat with their partners.



LESSONS LEARNED

What can we learn from these stories? Work in small groups, then post your ideas for all to see.

Look at *Lessons From the Field*.



KEEPING IT REAL

Look at a real-world story:

- Identify important communications partners.
- Identify three possible actions for the immunization coordinator.



DECISION TIME

Let's explore all these stories:

- Hear each summary.
- Vote on the best action.
- Discuss.



MAKING A DIFFERENCE

Look at the real-world story again:

- Write a communications piece.



COMMIT TO ACTION

- What communications do YOU need to improve?
- What steps will YOU take to improve those communications channels?
- Share your plan with a peer.

LESSONS FROM THE FIELD

It's always personal. If you have a personal relationship with someone, chances are much better that your call will be answered, your email will be read, and your request will be placed at the top of the pile. To build this type of relationship, sit with people, understand what they do, and give them support. What do you notice when you look in someone's office? Family photos? Sports memorabilia? Take note. Talk about it. Bring it up again later. "How was that wedding?" This sets you up for success. When you depart, you want them to remember you with a good feeling.



It's never too late to find common ground. You may have sat in meetings with a person for two years and never made a personal connection, or maybe you butted heads a bit. Try sitting next to her. After the meeting, mention something that she said that was meaningful to you or just something about the shared experience of the meeting. Next time you have to communicate with her, an informal, "Hi, Kimberly. Thought I'd give you a heads-up on this" might be all you need.



Think like a journalist. Newspapers are easy to digest. The headlines pique your interest and tell you the article topics. You may dive a little deeper by reading the subheads, the lead sentence, and any captions. Then, you decide which articles to read for *details*.

You can take the same approach to your written communications: Use plain language. Write a strong subject line; lead with a sentence that conveys your purpose, the big idea, and any call to action. State the due date and point of contact, and keep the details (including links to other resources) in the body of the message. ***Write as if you have to pay by the word and your***

audience has just 15 seconds to scan your message. Set word limits for different types of communications: fax, email, social media, or website. Ask a peer to review your writing to make sure it is clear, concise, and consistent (the three Cs).

Be the trusted source. Providers should never be surprised about news that comes out about immunizations; they should feel confident that YOU would give them any important information. Keep up with all changes to health care and general health news—fit immunization communications into this broader context.

Make sure you're aligned with federal, state, and regional communications. Your role in this is to pass messages to providers with fidelity and also to communicate back to the region/state any concerns you have about lack of alignment in messaging.



Be a part of the solution: After an important communication cycle, create a flowchart as a team activity and include all stakeholders. Identify lessons learned, and share them with everybody. Share ownership for doing even better next time.



Know your audience. Some people respond better to fax; others to email. Know which is which. Stay in touch, even when things are going smoothly and there is nothing emerging to discuss. Ask, “What is happening to your immunization rates? What is new with your program?”

It isn’t just one person who is the “provider.” The person providing the vaccine just wants to know the immunization schedule, and they want vaccines on hand. They may not even know that they are a VFC provider.

Medical assistants and admins need to know how to navigate systems and follow rules for ordering, storage, and handling. Usually, there is one person who coordinates everything. As one provider said, “All info passes through the vaccine coordinator; I like it coming through one funnel; this works for us.”

Maintain your POC list the best you can. This is a challenge for everybody in Texas (and beyond). Verify the POCs any time you have a phone or in-person contact and ask about the roles the POCs play. You may find that one POC is the provider’s spouse, who only checks email once or twice a month!

Follow up, follow up, follow up, up, up. When it comes to important policy changes, persistence is a virtue, so communicate regularly. Follow up the email with a fax, the fax with a phone call, and the phone call with a visit, as needed. Quick, short reminders are usually better than lengthy paragraphs. When you get questions, *reply within 24 hours*, even if you don’t have any immediate answer. It’s tough to keep up some days, but it is even tougher if you have providers who feel ignored and might become frustrated or angry.



Once you have done the best you can, keep your Zen calmness by accepting that providers just do things in their own time, and often under last-minute duress. It’s not personal.

Be present. Show up at events. Be available as a resource. Help others. As one successful program coordinator says, “If there is the slightest connection to immunizations, I either personally get involved or someone on staff does. Then, we hear stuff and are always relevant and part of the conversation.”



Think about ways to pull people together, and bring stakeholders to the table when there are going to be major program or policy changes. Make sure you’re clear on what is in it for them. Maximize your in-person time with providers by:

- Confirming events/meetings multiple times
- Bringing more resources than you think you will need
- Inviting 2-3 clinics to meet at one provider’s office for meetings and education
- Having quarterly immunization seminars at libraries
- Setting up provider focus groups to better understand their needs and concerns
- Maintaining a focus on shared goals

Practice Feng Shui. The art of Feng Shui is based on harmony and balance. It is not a science. You can improve through practice and thoughtful reflection. Here are some things to balance for “good communication feng shui:”

- Push ⇔ pull (push communications are sent; pull communications require somebody to reach out for them)
- Headlines ⇔ details (sometimes your communication might just have a few words, like “data logger required by Jan. 1;” other times you need details)
- Persistence ⇔ keeping it fresh (the art of how often to repeat a message without message fatigue)
- Methods (email, fax, phone, visit, etc.)



Your Personal Lessons

Logging Our Journey

A new requirement. For 2018, all providers must have a data logger—a thermometer for fridge/freezer that runs 24/7 and collect temperature data that can be saved, transmitted, and monitored real time.

A plan for success. Manya, the vaccine program coordinator for Dusty County, received an email from the state at the beginning of 2017, detailing the CDC requirements and timeline. She immediately began to notify her providers. Manya had some idea of which providers were in compliance, and she wanted to make sure that *everybody* knew and had a plan and a budget to meet this requirement. She:

1. Sent out an email.
2. Followed up with a fax.
3. Made a follow-up call to make sure the providers received the email/fax.
4. Offered to go out to each clinic, conduct a training session, and explain and answer any questions.

Multiple communications and a personal touch. Her first step was to send an email, but she knew that wouldn't be enough. Dusty County Health Department also included the information in their monthly newsletters, which are sent by email. Still, "the primary and secondary contacts don't check emails as often as they should, or the contacts change. We compensate through our face time, which is 3-4 visits per year. For the data logger, we brought a copy of the policy, and we asked about their status. For providers who had data loggers, we checked them. For those who didn't have them, we told them about some data loggers that would meet the requirement, without recommending a brand."

Crunch time. One large provider, Methodist Hospital Network (MHN), had a system without an external display. Any request for temperature data had to go through IT, with a 24-hour turnaround. The regional director of MHN, Deloris Cheatham, thought that they could work with IT to meet the requirements. In November, they figured out that this idea wouldn't work. They scrambled and found a data logger that would work for them. Deloris asked Manya to meet with representatives of the 50 clinics to demonstrate how to set up and use the device and to recommend some best practices for data storage. MHN was in compliance by December 21! According to Manya, "The key was building a relationship over the years with Deloris so that a quick text, call, or email was all that was needed for communication."

Disappointing results. Even with the success of MHN and the year-long effort, there were still over 55% of providers not in compliance as of the first of 2018.

What "lessons learned" apply to this story?

If you were Manya, what would you do differently next time there is a major policy change? List your 3 best options here.

Kevin Goes Above and Beyond to Boost Immunization Rates

The Alamo Metro Health Department had a great opportunity to improve communications with their local providers—a grant from the CDC to meet one-on-one with all VFC participants to review their VFC documents and collaborate with them on a quality improvement action plan, with a goal of increasing vaccination rates.

The vaccine program coordinator, Kevin, immediately went to work setting up office visits. He had a protocol that he followed:

- Book way in advance—about 90 days.
- Confirm at 60, 30, and 7 days.
- Confirm by phone and by email.
- Have an agenda to be very respectful of the provider's time. Include some time to answer questions and build the relationship.

After a few dozen visits, Kevin learned that not all physicians were making strong recommendations about HPV immunization. He reached out to his network and arranged to have a supportive physician attend certain visits to address any questions the provider might have about HPV. This was a bit of extra work, but it paid off in influencing providers to encourage HPV vaccinations.

One such visit was with a large cancer center. As he usually did, Kevin worked it all out with Tiffany, the practice's designated contact, and was sure to explain that Dr. Fleming, an oncologist, would be on hand to talk with the provider. Just a week before the scheduled day, Tiffany let Kevin know that the clinic's physician would not be able to attend. They ended up just meeting with Medical Assistant, providing education and answering questions about HPV.

What "lessons learned" apply to this story?

If you were Kevin, what would you do differently next time? List your three best options here.

A Tough Year for Tomás

Knowledge and relationships. Although Tomás has been in his current job as a Healthcare Coordinator at Maricopa County Health Services for three years, he had been working in pediatrics for over a decade at South Texas University. He knew a lot about the TVFC program and how it had changed over time. He also knew the people, including many of the program's current providers. Still, in his first two years MCHS, he had had his share of challenges.

A problem provider. First up was Seven Oaks Family Medicine. This group, with 39 providers in ten locations, has a history of ignoring communications and breaking rules. Their overall attitude seems to be, "We know what we're doing. Leave us alone." This caused a lot of extra work and stress for Tomás.

Fraud alert. The big problem happened when Tomás and his team found evidence that Seven Oaks was using VFC vaccines for ineligible patients. The MCHS filed a complaint with the state, and the state's Attorney General completed a fraud investigation and found that the complaint was legitimate. At last, Tomás felt, there would be some justice. If only...

A lack of consistent communications. Seven Oaks closed one location and opening a new one. Because it was a new practice, their maximum stock levels were set low. According to Tomás, "They complained, and we told them to order more frequently. Seven Oaks said that this was too much work." Tomás asked them for additional information and documentation so that MCHS could raise their max levels. In an effort to win their trust and serve the community, they did raise them. We hoped that they would continue to reach out to the community to identify eligible patients and increase our overall rates. However, Seven Oaks thought the increase was too stingy, and they sent a certified letter to the State, without MCHS's knowledge. Someone in Austin gave them a REALLY BIG increase—more than they requested. Additionally, they were placed on an exclusion list, so their max level doesn't change. Meanwhile, other clinics didn't have enough vaccines. Tomás felt that their goal of increasing rates throughout the county was in jeopardy. He wrote to his regional contact to explain his dilemma.

What "lessons learned" apply to this story?

What would you recommend to Tomás as a next step? List your 3 best options here.

My Plan

1

2

3

4

5

